

Dr Sidhu's Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sidhu's Medical Practice on 20 October 2016. Overall the practice is rated as inadequate.

The practice had been previously inspected on 13 January 2016. Following this inspection the practice was rated inadequate with the following domain ratings:

Safe – Inadequate

Effective – Inadequate

Caring – Inadequate

Responsive – Inadequate

Well-led – Inadequate

The practice was placed in special measures.

Warning notices were issued on 24 March 2016 in relation to regulation 12 (Safe care and treatment) and regulation

17 (Good governance). An inspection was carried out on 17 June 2016 to check the warning notices had been complied with. It was found that the necessary improvements had taken place.

Our key findings across all the areas we inspected on 20 October 2016 were as follows:

- Data showed patient outcomes were usually low compared to the national average.
- Some patients reported that it was difficult to access appointments, and that it was difficult to get through to the practice by telephone.
- Not all clinicians understood issues relating to consent.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were thorough.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks

Summary of findings

- Audits had been carried out and there was evidence that audits were driving improvements to patient outcomes.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- The provider must ensure appropriate action is taken when alerts are received from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The provider must ensure patients are appropriately diagnosed and read coded so that clinical prevalence rates are accurate and appropriate care and treatment can be offered.
- The provider must ensure all clinical staff have the required understanding of the Mental Capacity Act 2005 so consent is correctly sought.

- The provider must ensure all relevant information is obtained for staff prior to them being employed.

This service was placed in special measures following the inspection in January 2016. Insufficient improvements have been made and there remains a rating of inadequate for the safe, effective and well-led domains. Due to the improvements that have been made since the initial rating of inadequate we have not yet started the process of preventing the provider from operating the service. Other enforcement action will be taken. They will remain in special measures. Another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services as there are areas where improvements must be made.

- Basic care and treatment guidelines were not always met due to alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) not being actioned.
- Required pre-employment checks were not always carried out.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements must be made.

- Data showed patient outcomes were low compared to the national average. The most recent Quality and Outcome Framework (QOF) published results were 87% of the total number of points available, compared to the clinical commissioning group (CCG) and national average of 95%.
- The lead GP was unaware of how to diagnose conditions such as asthma or chronic obstructive pulmonary disease (COPD) for some patient groups.
- Not all clinical staff had the required understanding of the Mental Capacity Act 2005 so consent was not always correctly sought.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Inadequate



Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Requires improvement



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%, and 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- Although the practice had identified carers so additional support could be offered, the number totalled 25% of patients registered with the practice which is unusually high. The practice was reviewing their information as they were unsure if patients had been correctly coded.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services as there are areas where improvements should be made.

- Satisfaction with getting through to the practice by telephone was low. However, the practice was aware of this and they were monitoring their systems with a view to making changes if required.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- We saw that urgent appointments were available when required, although some patients told us they were difficult to access.

Requires improvement



Are services well-led?

The practice is rated as inadequate for being well-led as there are areas where improvements must be made.

- The practice had a staff member to oversee the improvements they were required to make and had received input from the

Inadequate



Summary of findings

Royal College of General Practitioners (RCGP). However, some risks had not been identified such as low clinical prevalence rates and issues relating to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts.

- Issues identified during the inspection in January 2016 had not all been resolved.
- The practice had a vision and strategy in place and staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and team meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate in the safe, effective and well-led domains and requires improvement for caring and responsive. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, the most recent Quality and Outcome Framework (QOF) results for indicators relating to stroke and transient ischaemic attack were 87%, less than the CCG average of 98% and the national average of 97%.
- Clinical prevalence rates were below the CCG and national average in most areas, including stroke and transient ischaemic attack and palliative care.
- Care plans were in place for patients in nursing and residential homes, and these were reviewed regularly.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate in the safe, effective and well-led domains and requires improvement for caring and responsive. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Clinical prevalence rates were below the CCG and national average in most areas, including chronic obstructive pulmonary disease (COPD) and chronic kidney disease (CKD). The GP was unsure how to diagnose COPD and asthma for some patient groups.
- Performance for some long term conditions, such as COPD and heart failure, were below the CCG and national average.

Inadequate



Summary of findings

- QOF performance for diabetes related indicators was 89%, higher than the CCG average of 87% and below the national average of 90%.
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate in the safe, effective and well-led domains and requires improvement for caring and responsive. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice's uptake for the cervical screening programme was 72%, which was below the CCG and national average of 82%.
- Childhood immunisation rates for the vaccinations given were above CCG and national averages. For example, for 2015-16 childhood immunisation rates for the vaccinations given to under two year olds were at 100%, and five year olds ranged from 93% to 99%.
- Staff had been trained in and had a good understanding of child safeguarding.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate in the safe, effective and well-led domains and requires improvement for caring and responsive. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice was open until 9pm one night each week.
- The practice offered online services as well as NHS health checks for the 40 to 75 age group.

Inadequate



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate in the safe, effective and well-led domains and requires improvement for caring and responsive. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Not all clinicians were aware of their requirements under the Mental Capacity Act 2005 so consent was not always correctly sought.
- GPs and reception staff could speak languages such as Urdu and Bangladeshi. 80% of patients were from a Bangladeshi or Pakistani background and this helped with translation difficulties.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate in the safe, effective and well-led domains and requires improvement for caring and responsive. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance for mental health related indicators was below the CCG and national average. The most recent QOF results for mental health related indicators were 83% compared to the CCG average of 91% and the national average of 93%.
- Performance for dementia related indicators was below the CCG and national average. The most recent QOF results for dementia related indicators were 88% compared to the CCG average of 96% and the national average of 97%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Inadequate



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. 365 survey forms were distributed and 74 were returned. This was a completion rate of 20% representing 1.5% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and the national average of 73%. This had reduced from the previous result of 56%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%. This had reduced from the previous result of 81%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%. This had improved from the previous result of 65%.

- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%. This had improved from the previous result of 54%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards. Four of these were positive, with patients saying they had received good treatment and found the reception staff helpful. Four patients made positive comments but also said appointments could be difficult to access, it was difficult to get through on the telephone, and they thought some staff were not polite. The other two patients commented negatively about availability of appointments, getting through on the telephone and the staff.

We spoke with a member of the patient participation group (PPG) who told us they were satisfied with the care they received from the practice. They said they had noticed improvements within the practice since the previous inspection.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure appropriate action is taken when alerts are received from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The provider must ensure patients are appropriately diagnosed and read coded so that clinical prevalence rates are accurate and appropriate care and treatment can be offered.
- The provider must ensure all clinical staff have the required understanding of the Mental Capacity Act 2005 so consent is correctly sought.
- The provider must ensure all relevant information is obtained for staff prior to them being employed.

Dr Sidhu's Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a GP specialist advisor.

Background to Dr Sidhu's Medical Practice

Dr Sidhu's Medical Practice is located on the ground floor of a purpose built medical centre. There are three other GP practices in the building as well as community services. There is a patient car park next to the building and very limited street parking. The practice is fully accessible for patients with mobility difficulties.

The practice is run by an individual male GP. There is also a salaried male GP. There are two practice nurses, a phlebotomist, a practice manager, and reception and administrative staff.

The practice and the telephone lines are open from Monday to Friday 8am – 6.30pm. Every Tuesday there is an extended hours surgery in the evening when the practice is open until 9pm.

GP appointments are available:

Monday 8am – 12.30pm and 3.30pm – 6pm

Tuesday 8am – 12.30pm, 2pm – 6pm and 6.30pm – 8.40pm

Wednesday 8am – 12.30pm and 2pm – 6pm

Thursday 8am – 12 noon and 2pm – 5pm

Friday 8am – 12 noon and 3pm – 6pm.

The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). It has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 4918 patients were registered.

The practice has identified 80% of its practice population are of Bangladeshi or Pakistani origin with many not speaking English as a first language. They also have a young practice population with a higher than average number of patients under the age of 39 and a lower than average number of patients aged over 40. Both GPs and two reception staff spoke languages understood by the majority of patients.

The practice is in a deprived area and life expectancy is lower than the national average. Life expectancy for males is 74 years (CCG average 76 years and national average 79 years). Life expectancy for females is 80 years (CCG average 81 years and national average 83 years).

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the practice nurse, the phlebotomist and reception staff.
- Spoke with a member of the patient participation group (PPG).
- Observed how patients were being spoken with at the reception desk.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed policies and procedures, and other documents held by the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Our inspection of 13 January 2016 found that staff were unsure of what constituted a significant event and reporting was not consistent. Staff were unclear about their responsibilities relating to safeguarding and most had not been trained. Chaperones were unsure of their role and had not been trained. There had been no audits for infection prevention and control. Blank prescriptions were not kept securely and medicines were not stored safely. The cold chain had been breached for all the clinical fridges.

During this inspection we found that improvements had been made in all these areas. However, further improvements were required.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.
- We saw that significant events were discussed at practice meetings.

We reviewed alerts issued by the Medicines and Healthcare Products Regulatory Agency (MHRA). We saw that although alerts were discussed in practice meetings searches had not always been carried out following alerts. These included an alert relating to Valproate and the risk of abnormal pregnancy outcomes. We asked the GP to carry out the search during the inspection and found patients

had been at risk. We asked for a further search to be carried out following an MRHA alert. This related to spironolactone and renin-angiotensin system drugs in heart failure and the risk of potentially fatal hyperkalaemia. The practice told us they had no patients at risk.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been carried out by the CCG in May 2016 and the results were received by the practice in September 2016. We saw that there were no significant issues identified. For areas requiring action a plan was in place that was being monitored. We saw that infection control was discussed at practice meetings.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). Medicine fridges were checked daily and there were no cold chain breaches. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- We reviewed six personnel files, including three for staff who had started work at the practice following the previous inspection. We found that appropriate recruitment checks had not always been undertaken prior to employment. For example, references for the salaried GP and practice nurse had been supplied following the date employment commenced. The references were not always from the most recent employer and they did not ask for dates of employment or why the employment finished. The practice manager told us they asked staff why previous employment had ended but this was not recorded. In both cases a DBS check had been supplied by the staff member from their time with a previous employer; one was from 2014 and one from 2015. Gaps in employment had not been explained. The practice manager told us they checked the registration status of GPs and nurses but we saw it had not been done for one staff member.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical

equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staffing had increased since the previous inspection.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Our inspection of 13 January 2016 found that there was no system in place to ensure National Institute for Health and Care Excellence (NICE) guidance was followed. Quality and Outcome Framework (QOF) scores were below average. Audits lacked insight and there was no evidence of improvement. Training information was brief and there was little evidence held that staff had received mandatory and more in depth training. The clinical competence of some staff had not been assessed. Staff had not had an appraisal for over a year. Read coding was used infrequently. Care plans were in place but contained very little information. The GP had no understanding of the Gillick Competence or the Mental Capacity Act 2005.

During this inspection we found that improvements had been made in the majority of these areas. However, further improvements were required.

Effective needs assessment

There was no clear evidence that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including NICE best practice guidelines. We saw evidence that guidelines were discussed in meetings, and staff had access to them. However, there was no monitoring to ensure guidelines were being adhered to.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results, for 2015-16, were 87% of the total number of points available. This had increased from 62% in 2014-15 but was below the clinical commissioning group (CCG) and national average of 95%. The exception reporting rate was 6%, which was below the CCG and national average.

The QOF figures for 2014-15 showed the practice was an outlier in several areas. These included the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months, and the percentage of patients with diabetes, on

the register, who had had an influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015). We saw evidence that the practice had improved in all the identified areas.

Data from 2015-16 showed:

- Performance for diabetes related indicators was 89%. This was above the CCG average of 87% and below the national average of 90%. It had increased from 50% in 2014-15
- Performance for mental health related indicators was 83%. This was below the CCG average of 91% and the national average of 93%. It had increased from 73% in 2014-15.

We saw that clinical prevalence rates were below the CCG and national averages in all areas except diabetes, mental health and rheumatoid arthritis. The prevalence rates for some conditions were under 50% of the CCG and national averages. For example:

- The clinical prevalence rate for chronic obstructive pulmonary disease (COPD) was 0.66% compared the CCG average of 2.25% and the national average of 1.85%.
- The clinical prevalence rate for depression was 2.41% compared to the CCG average of 9.18% and the national average of 8.27%.

Following the inspection the provider explained there was an action plan in place to ensure conditions were correctly coded on their computer system. The incorrect coding had impacted on their prevalence rates.

The lead GP told us they were unsure of how to diagnose asthma or COPD. If conditions are not correctly diagnosed and read coded on the patients' records regular reviews of the condition cannot be monitored. Also, other interactions such as the offering of flu vaccinations cannot be carried out. Following the inspection the GP explained their uncertainty was about diagnosing certain patients, for example children, and not all patients.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year. We saw evidence that improvements made were

Are services effective?

(for example, treatment is effective)

implemented and monitored. Audits included looking at the use of angiotensin-converting enzyme inhibitors and angiotensin receptor blockers in chronic kidney disease, where we saw improvements had been made.

- The practice had an audit timetable in place so improvements could be monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. This included supervision for the phlebotomist.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Not all staff sought patients' consent to care and treatment in line with legislation and guidance.

- The lead GP had a good understanding of the Mental Capacity Act 2005 and the Gillick Competence.
- Not all clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One clinician, who told us they had received training in the Mental Capacity Act, said that if a patient did not understand a procedure and could not make a decision themselves they would allow a carer to give consent. They told us this could be consent for an injection or a cervical smear and they would formalise the process by asking the carer to sign a consent form.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice had a palliative care register and held monthly multi-disciplinary team meetings to discuss support for these patients.

Where patients required support relating to drug or alcohol issues, smoking cessation or weight management a referral was usually made to the relevant service. The practice nurse was able to offer some weight management support.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 72%, which was below the CCG and national average of 82%. The practice nurse explained that they tried to telephone patients before their appointment as a reminder and to explain the importance of the procedure.

Childhood immunisation rates for the vaccinations given were above CCG and national averages. For example, for 2015-16 childhood immunisation rates for the vaccinations given to under two year olds were at 100%, and five year olds ranged from 93% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The phlebotomist was receiving training in carrying out NHS health checks and this was due to be completed in the month following our inspection. The practice manager told us when the training was completed there would be regular NHS health check clinics with input from the public health coordinator from Oldham Council.

Are services caring?

Our findings

Our inspection of 13 January 2016 found that results for the national GP patient survey were below average.

During this inspection we found that some improvements had been made.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The female salaried GP had recently left the practice and had been replaced by a male salaried GP. The lead GP explained they had recruited another practice nurse to increase nurse capacity and were in the early stages of recruiting two female salaried GPs so patients could choose to see a female clinician if they wished.

We received 10 Care Quality Commission patient comment cards. Four of these contained positive comments about the service. Another two commented that named reception staff were polite and helpful. Two cards contained comments about staff not being polite.

We spoke with a member of the patient participation group (PPG). They told us they found staff to be helpful and professional. They said they had noticed a difference in the attitude of staff at the practice. They felt staff were open to suggestions, welcomed additional training, and were willing to take on extra responsibilities. The PPG member told us although staff had more responsibility they were given opportunities to relax, and they felt this had improved how they interacted with patients.

Results from the national GP patient survey relating to how patients felt they were treated showed the practice usually to be below average for its satisfaction scores on consultations with GPs and nurses. For example, the most recent results published in July 2016 showed:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%. This was the same as the January 2016 results.
- 75% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%. This was just lower than the January 2016 results where the satisfaction rate was 76%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%. This was higher than the January 2016 results where the satisfaction rate was 94%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%. This was higher than the January 2016 results where the satisfaction rate was 66%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%. This was higher than the January 2016 results where the satisfaction rate was 82%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%. This was lower than the January 2016 results where the satisfaction rate was 74%.

Care planning and involvement in decisions about care and treatment

We saw that care plans were in place for appropriate patients and these care plans were personalised and regularly updated.

Results from the national GP patient survey showed patient responses to questions about their involvement in

Are services caring?

planning and making decisions about their care and treatment were below the CCG and national averages. However, satisfaction rates had improved since the previous inspection. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%. This was higher than the January 2016 results where the satisfaction rate was 73%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%. This was higher than the January 2016 results where the satisfaction rate was 53%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%. This was higher than the January 2016 results where the satisfaction rate was 76%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- The GPs and some reception staff were also able to speak languages used by their patients.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. However, of the 4918 patients registered at the practice 1244 had been identified as a carer. The practice manager told us they were going to review their carers' register as they were unsure if patients had been correctly coded. At the previous inspection in January 2016 we were told only a small number of carers had been identified. The practice manager told us carers were offered health checks but they were unable to identify how many had been completed.

Staff told us that if families had suffered bereavement they were treated as a priority and given an appointment if required at their convenience. The lead GP knew most of the patients and usually contacted them following a family bereavement, adapting their approach appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Our inspection of 13 January 2016 found that results from the national GP patient survey were low for questions about access to the practice and getting through to the practice by telephone. CQC comments cards also reflected this. Complaints were not handled appropriately.

During this inspection we found that although it was still below average satisfaction had improved except around getting through to the practice by telephone. The complaints system had improved.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice opened until 9pm once a week to cater for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- An in-house phlebotomy service was available three days a week.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The GPs spoke several languages including Hindi, Punjabi, Urdu and Bangladeshi. These were the most common languages spoken by their patients who did not speak English as a first language. Reception staff also spoke Urdu and Bangladeshi. Patients who did not speak English as a first language were coded so it was known an interpreter was required at the point of making the appointment.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with extended opening each Tuesday until 9pm. Half of the appointments were pre-bookable and half were available for on the day appointments. The practice manager told us that demand for on the day appointments was high and they had tried different systems to help meet patient demand.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was varied to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%. This had reduced from the previous satisfaction rate of 56%.

The practice manager told us they usually had two incoming telephone lines and this increased to three during the busier time in the morning. They had contacted the building's phone management service to enquire about having a message to inform patients what position they were in the queue, and were waiting for a response. This had been suggested by a patient who had thought the information would help patients.

The practice manager had carried out an informal access survey for three days. This looked at the number of calls received when the telephone lines opened in the morning, and the nature of the calls. They found that patients telephoning at 8am for prescription requests, which could take several minutes to complete, could have an impact on patients wishing to request an appointment. They intended to extend the survey to cover a full week and decide if a message was required to inform patients that prescriptions should be ordered after 10am when requests for appointments were less frequent.

Two of the ten CQC patient comments cards we received stated that it was difficult to access appointments, and two mentioned difficulty getting through to the practice by telephone. We checked the appointment system and found the next pre-bookable appointment available was in seven working days time, and the next urgent appointment was the following working day. However, the practice manager and GPs told us if they felt a patient needed to be seen more urgently they would be seen the same day.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

When a home visit was requested GPs telephoned the patient to assess the need before carrying out the visit. If a patient requested an urgent appointment when the appointment slots were booked receptionists informed the GPs who telephoned the patient and arranged to see them if it was considered appropriate. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A leaflet was available at the reception desk.

We looked at the complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. We saw examples of protocols being changed as a result of complaints. For example, where reception staff felt they were unable to deal with a telephone call they transferred the call to the practice manager. Complaints were discussed in practice meetings.

The practice had recently set up an informal feedback book to look for patterns and trends where patients wished to raise an issue but did not want it to be treated as a complaint.

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Our inspection of 13 January 2016 found that the practice had very few business plans. Most staff did not have a job description. There were very few up to date practice specific policies. The GP did not have an understanding of their performance and was not aware of the duty of candour. The practice was also known as several different names.

During this inspection we found that improvements had been made in these areas. The practice had also amended its CQC registration to reflect a consistent practice name.

Vision and strategy

The practice had a clear vision to deliver appropriate care and promote good outcomes for patients. They had a detailed action plan in place to monitor the improvements required following the inspection in January 2016, and they had employed a staff member to oversee this. Although improvements were still required we saw that progress had been made

- The practice had a mission statement which was displayed in the reception area. Staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the strategy. However, this did not always result in good quality care being provided:

- The issues identified during the inspection in January 2016 had not all been resolved.
- Issues such as the GP being unable to diagnose diseases such as asthma and chronic obstructive pulmonary disease (COPD) in some patients had not been identified.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Flexibility within the non-clinical staff team had improved. At the inspection in January 2016 all staff had

their own area of responsibility and there was no overlap. Improved training and awareness meant the staff team were multi-skilled and could all cover at least two jobs.

- Practice specific policies were implemented and were available to all staff. These had been reviewed.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Although there were arrangements in place for identifying, recording and managing significant events, we saw risks from not correctly actioning Medicines and Healthcare Products Regulatory Agency (MHRA) alerts had not been identified.

Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff roles had changed in order for improvements to take place and it was recognised that this could cause stress within the staff team. Relaxation sessions for staff had been arranged for staff and one was a Laughing Yoga session that was linked in with strategies for dealing with stress. Feedback from staff was very positive.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had an active patient participation group (PPG). Since the inspection in January 2016 they had worked to make the PPG more representative of the patient population and they now had a good mix of members. Meetings had become more structured so ideas made and actions required could be monitored. We spoke with a member of the PPG who told us the members were positive and made ideas to improve the practice. They had been involved in discussing the requirements required by the practice.

The practice had carried out an in-house patient survey in May 2016. Sixty of the 67 patients who responded said they

would recommend the practice. The main areas of concern were around appointment availability and getting through on the telephone at 8am. We saw that the practice was monitoring these issues.

Practice meetings for all staff were held monthly. Staff told us they felt involved and engaged to improve how the practice was run. They said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice was committed to making the improvements identified at the inspection in January 2016. They had employed a staff member with experience of performance management and regularly reviewed their action plan. They had received input from the Royal College of General Practitioners (RCGP) to give advice on how to manage the improvements required.

We saw that improvements had been made around the management of the practice and there was a good understanding of the non-clinical issues. The staff team worked closely together and felt supported in their work.

Although improvements had been made within the clinical team, for example clinical audits were now being carried out and well managed, other issues had not been identified. These included identifying risks from MHRA alerts.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not ensure all staff were of good character or had the necessary experience required to perform their duties. All the information specified in Schedule 3 was not available.</p> <p>This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The registered person did not ensure all care and treatment was carried out with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>This was in breach of regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not adequately assess, monitor and improve the quality of the service in aspects. For example there was no system to ensure compliance with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). They had failed to identify the risks associated with low clinical prevalence rates. Read coding was not always accurate, for example for carers, so appropriate care could not always be offered. The GP was not always able to diagnose some conditions such as asthma.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>